

SEP 21 2006

Atty Docket No. 022199-000310US

PTO FAX NO.: 1-571-273-8300

ATTENTION: Examiner Robert D. Rines

Group Art Unit: 3626

**OFFICIAL COMMUNICATION  
FOR THE PERSONAL ATTENTION OF  
EXAMINER Robert D. Rines**

**CERTIFICATION OF FACSIMILE TRANSMISSION**

I hereby certify that the following documents in re Application of David WEINSTEIN, Application No. 09/937,364, filed September 21, 2001 for METHOD AND APPARATUS FOR MEDICAL COVERING GROUP PROCESSING, REVIEW, AND MANAGEMENT are being facsimile transmitted to the Patent and Trademark Office on the date shown below.

Documents Attached

1. Petition for Extension of Time-In Duplicate

Number of pages being transmitted, including this page: 3

Dated: September 21, 2006

  
Andrea S. Beck

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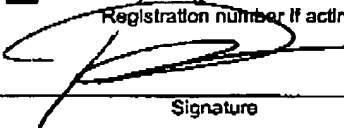
TOWNSEND and TOWNSEND and CREW LLP  
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PTO/SB/22 (07-06)

<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>  <b>FY 2006</b> <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4618).)</i>	Docket Number (Optional) 022199-000310US																								
Application Number 09/937,364	Filed September 21, 2001																								
For METHOD AND APPARATUS FOR MEDICAL COVERING GROUP PROCESSING, REVIEW, AND MANAGEMENT																									
Art Unit 2161	Examiner																								
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 45%;"></th> <th style="width: 15%; text-align: center;"><u>Fee</u></th> <th style="width: 15%; text-align: center;"><u>Small Entity Fee</u></th> <th style="width: 25%;"></th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td style="text-align: center;">\$120</td> <td style="text-align: center;">\$60</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td style="text-align: center;">\$450</td> <td style="text-align: center;">\$225</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td style="text-align: center;">\$1020</td> <td style="text-align: center;">\$510</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td style="text-align: center;">\$1590</td> <td style="text-align: center;">\$795</td> <td>\$ _____</td> </tr> <tr> <td><input checked="" type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td style="text-align: center;">\$2160</td> <td style="text-align: center;">\$1080</td> <td>\$ <u>2160</u></td> </tr> </tbody> </table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>20-1430</u>. I have enclosed a duplicate copy of this sheet.</p> <p><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p> <p>I am the <input type="checkbox"/> applicant/inventor.</p> <p style="margin-left: 100px;"><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>40,456</u></p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;">   _____  Signature </div> <div style="width: 45%; text-align: right;"> <u>September 21, 2006</u>  Date </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> <u>Patrick R. Jewik, Reg. No. 40,456</u>  Typed or printed name </div> <div style="width: 45%; text-align: right;"> <u>415-576-0200</u>  Telephone Number </div> </div> <p><small>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</small></p> <p><input checked="" type="checkbox"/> Total of <u>1</u> forms are submitted.</p>			<u>Fee</u>	<u>Small Entity Fee</u>		<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	\$ _____	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$ _____	<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$ _____	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$ _____	<input checked="" type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$ <u>2160</u>
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